

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000007372

FILED
Oct 10, 2006
Secretary of State

Entity Name: WOMEN'S RESOURCE CENTER FOUNDATION OF MANATEE, INC.

Current Principal Place of Business:

1926 MANATEE AVE. W.
BRADENTON, FL 34205 US

New Principal Place of Business:

Current Mailing Address:

1926 MANATEE AVE. W.
BRADENTON, FL 34205 US

New Mailing Address:

FEI Number: 59-3034653 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, ASHLEY
1926 MANATEE AVE. W.
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ASHLEY BROWN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SHAURETTE, SYDNEY
Address: 4612 ARLINGTON RD
City-St-Zip: PALMETTO, FL 34221 US

Title: PD () Delete
Name: CARTER, JAYMIE
Address: 9407 25TH ST EAST
City-St-Zip: PARRISH, FL 34219 US

Title: TD () Delete
Name: JOHNSON, JULIE
Address: 1300 4TH STREET
City-St-Zip: PALMETTO, FL 34221 US

Title: SD () Delete
Name: WHITTINGTON, VIRGINIA
Address: 1876 OAK STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: P () Delete
Name: DALGLISH, KIM
Address: 102 MANATEE AVE W
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: POKRYWA, TODD
Address: 6461 BLUE GROSEBEAK CIRCLE
City-St-Zip: BRADENTON, FL 34202 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHLEY BROWN

ED

10/10/2006

Electronic Signature of Signing Officer or Director

Date